

873—3.1(17A) Forms. The following forms are available from the division of industrial services for use in matters under the jurisdiction of the industrial commissioner. Insurance carriers, self-insured employers, or their adjusting agents may reproduce the forms in which event the name, address, telephone number, and identification number may be imprinted. The current revision of the form must be used. Each form is identified by a form number. This form number follows each form name listed below and is used when requesting that specific form.

3.1(1) *Form No. 1—first report of injury. (Form No. 14-5012)* The form contains general information concerning the employee, the employer and the claimed injury. It is to be filed whether or not an adjudication or admission of the injury exists and is to be filed as provided in Iowa Code section 86.11.

3.1(2) *Form No. 2—claim activity report. (Form No. 309-5007)* Upon establishment of a claim with this agency, the industrial commissioner may provide to the insurer this form which will show basic claim data found in the agency files. The form provides for filing of notice of commencement of payments, correcting erroneous claim information, supplying additional information, denying compensability, agreeing to rate and agreeing to make payments under the Workers' Compensation Act, reporting the status of a claim, or recording benefits paid. Notice of commencement of payments shall be filed within 30 days of the first payment. When liability on a claim is denied, a letter shall be sent to claimant stating reasons for denial. This form shall also be filed when compensation is terminated or significantly interrupted. Medical data supporting the action taken shall be attached when temporary total disability or temporary partial disability exceeds 13 weeks or when the employee sustains a permanent disability. In the event this form is rejected by the agency, a refiling should be made within 15 days of the date of rejection.

3.1(3) *Form No. 2A—claim activity report. (Form No. 14-5014)* This form is to be used by the insurer as the initiating party when a Form 2 is not available.

3.1(4) *Form No. 2B—supplemental information report. (Form No. 309-5011)* This form should be filed by the employer or insurer whenever a discrepancy with regard to wages, exemptions or benefit rates exists; in death cases with a listing of dependents; or within the 15 days when requested by the industrial commissioner. The form may also be attached to a Form 2A to show calculation used for determining rate. In the event this form is rejected by the agency, a refiling should be made within 15 days of the date of rejection.

3.1(5) *Form No. 12—waiver on account of physical defect. (Form No. 309-5027)* This form should be used for waiver on account of physical defect as provided by Iowa Code section 85.55. The physical defect shall be fully and adequately described in the space indicated. The nature of the work the subject individual is able to perform shall be fully and adequately described in the space indicated.

Waiver of physical defect shall not be approved for physical defects arising out of and in the course of an employee's employment with the employer attempting to secure such waiver.

3.1(6) *Form—rehabilitation referral and acknowledgment. (Form No. 309-5051)* This form contains information relevant to referral of an employee for consideration of rehabilitation services under the jurisdiction of RESB.

3.1(7) *Form—original notice and petition.* The following forms are types of original notice and petition: original notice and petition—Form 100 (Form No. 309-5048); original notice, petition, answer and order concerning independent medical examination—Form 100A (Form No. 14-5047); original notice, petition, answer and order concerning vocational rehabilitation program benefit—Form 100B (Form No. 14-5033); original notice, petition, and answer concerning application for alternate medical care—Form 100C (Form No. 14-5159); application for full commutation—Form 9 (Form No. 309-5019); checklist for full commutation (Form No. 309-5019A); application for partial commutation—Form 9A (Form No. 309-5049); and checklist for partial commutation (Form No. 309-5049A). See 873—4.6(85,86,17A) for further descriptions.

3.1(8) *Form No. 15—subpoena. (Form No. 309-5063)* This form is the witness subpoena which is used to require a witness to appear and testify. Form No. 309-5058 is the Subpoena Duces Tecum which is used to require a witness to appear and to bring specified books and records.

3.1(9) *Form—corporate officer exclusion. (Form No. 309-5010)* This form is the corporate officer exclusion which is used for corporate officers to reject workers' compensation or employers' liability.

3.1(10) *Form—attorney lien. (Form No. 309-5143A)* This form is the request for allowance of attorney lien which is used to request that an attorney's lien on a claimant's weekly benefits be approved.

3.1(11) *Form—application and consent order for payment of benefits. (Form No. 309-5089)* This form is the application and consent order for payment of benefits under Iowa Code section 85.21 which is used by an employer or an insurance carrier to pay weekly and medical benefits without admitting liability and to be able to seek reimbursement from another carrier or employer.

3.1(12) Rescinded IAB 1/29/97, effective 3/5/97.

3.1(13) *Form—dispute resolution conference report. (Form No. 309-5145)* This form is the dispute resolution conference report which is used to provide information for a dispute resolution pursuant to rule 873—4.40(73GA,ch1261).

3.1(14) *Form—forms order blank. (Form No. 309-5052)* This form is the forms order blank which is used to order other forms used by the agency.

3.1(15) *Form—agreement for settlement. (Form No. 309-5171)* This form may be used to file an agreement for settlement pursuant to Iowa Code section 86.13. There is also a form for a checklist for the completion of the agreement for settlement. (Form No. 309-5171A)

3.1(16) *Form—contested case settlement. (Form No. 309-5172)* This form may be used to file a contested case settlement pursuant to Iowa Code section 85.35. There is also a form for a checklist for the completion of the contested case settlement. (Form No. 309-5172A)

3.1(17) *Form—patient waiver. (Form No. 309-5173)* This form is used for the release of information concerning an employee's physical or mental condition relative to a workers' compensation claim.